Facilities Operations Employee Adjustment Form

**CURRENT EMPLOYEE INFORMATION**

Employee Name: _______________________________________________________________  
Last: __________  First: __________  M.I.: __________

Employee ID Number: _________________  Department: ______________  Date: __________

**ADJUSTMENT INFORMATION**

**Please note only one box should be completed below.**

**NEW EMPLOYEE**

Department Name:  
Supervisor Name:  
Work Unit:  
Position #:  
Labor Service:  YES/NO

**EXISTING EMPLOYEE**

**INTERNAL TRANSFER: (FROM FM/FO)**

Transfer From  
Department:  
Work Unit:  
Supervisor:  
Position #:  

Transfer To  
Work Unit:  
Supervisor:  
Position #:  

**EXTERNAL TRANSFER: (FROM ANOTHER CAMPUS DEPT.)**

Transfer From  
Department:  
Work Unit:  
Supervisor:  
Position #:  

Transfer To  
Work Unit:  
Supervisor:  
Position #:  

**EXITING EMPLOYEE**

Position ID: __________________

**ADJUSTMENT DETAILS FBO USE ONLY**

Effective Date: __________________________  Salary: $ ______________

Organization #: __________________________  Completion Date: __________

**SIGNATURES**

Supervisor Signature: __________________________  Date: __________

FBO – HR Signature: __________________________  Date: __________

FBO Director Signature: __________________________  Date: __________